

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

64

Primary Registration District No.

64110

Registrar's No.

FILED SEP 10 1962

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		c. CITY OR TOWN Salisbury	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 So. Broadway		d. STREET ADDRESS (If outside, give location) 506 South Broadway	

3. NAME OF DECEASED (Type or print) First Middle Last William McKinley Otten			4. DATE OF DEATH Month Day Year Sept. 5, 1962		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/4/1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Jewelry		11. BIRTHPLACE (City and state or country) Versailles, Mo.	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME James Otten		13b. MOTHER'S MAIDEN NAME Lilly Catherine Bowman		14. NAME OF HUSBAND OR WIFE Mildred Handy Otten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Wm. M. Otten, Salisbury, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH immediate ?	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Salisbury, Mo.	COUNTY Chariton	STATE Missouri
21. I attended the deceased from Aug 27, 1962 to Sept 5, 1962 and last saw him alive on Sept 5, 1962 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE [Signature]	(Degree or title) MD	22b. ADDRESS Salisbury, Mo.	22c. DATE SIGNED 9-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/7/1962	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	23d. LOCATION (City, town, or county) Versailles, Mo.

24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. Sept 6, 1962	26. REGISTRAR'S SIGNATURE Donald W. Berry
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10210

20210

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9420.1

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OCT 30 1962

SEP 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winckelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.